
Red Rose Classic Motorcycle Club Membership Application Form

Please PRINT clearly

Name	_____	Date	_____
Address	_____		_____

Postcode	_____	Date of Birth	_____
Home Telephone	_____		_____
Mobile Telephone	_____		_____
E Mail Address	_____		_____

PLEASE NOTE :- Upon supplying us with your email address, you agree to us sending you informtion regarding the Club

Please send the completed form to our Membership Secretary with **£5 subscription**
to :-Neil Rushton, 237 Skipton Road, Colne, Lancashire BB8 7AT

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